

Request for Proposal Pavement Marking Barrington, NH

Sealed bids will be received at the Town of Barrington Municipal Offices until 12:00 p.m., Wednesday May 6, 2020 for the striping of roadways within the Town of Barrington. The mailing address is P.O. Box 660, Barrington, NH 03825. The building location is 333 Calef Highway, but do not use this one for mailing. Please address all questions to the Barrington Road Agent, Marc Moreau at 603-948-5203.

Bids must be delivered to the Town of Barrington in a sealed envelope clearly marked "Sealed Bid, Road Striping 2020".

The contractor will be responsible for providing all materials including paint, glass beads, traffic control, cones, signs and equipment necessary to complete the work. Work to be completed by August 1, 2020 in suitable weather for painting. With a final completion of October 1, 2020 for roads that were still under construction.

The quantities in this document are approximate and payment will be based on actual field measurement upon completion of work.

The contractor must supply the Town of Barrington with a certificate of insurance for a minimum of \$1,000,000.00 liability insurance and appropriate Worker's Compensation coverage.

All striping must meet NHDOT specification. No payment will be made for markings that do not meet NHDOT specifications.

Item #1 Stop Bars

117 Stop Bars	16.00	per stop bar	\$ 1,872.00	one thousand eight hundred seventy two dollars and zero cents
Quantity	Unit Price		Total Cost	Cost in words

Item #2 Parking spots

50 parking spot	10.00	per spot	\$ 500.00	five hundred dollars and zero cents
Quantity	Unit Price		Total Cost	Cost in words

Item #3 Double Yellow Line

210,000 Linear Feet Retro Reflective Pavement Marking 4 inch wide Double Solid Line

210,000 Linear Feet at	.096	per linear foot	\$ 20,160.00	twenty thousand one hundred sixty dollars and zero cents
Quantity	Unit Price		Total Cost	Cost in words

Item #4 Single White (Fog) Line

310,000 Linear Feet Retro Reflective Pavement Marking 4 inch wide Single Solid Line

310,000 Linear Feet at	.05	per linear foot	\$ 15,500.00	fifteen thousand five hundred dollars and zero cents
Quantity	Unit Price		Total Cost	Cost in words

Estimated Total: Item #1 + Item #2+ item #3+ Item #4= \$ 38,032.00 Thirty eight thousand thirty
Total Cost in words two dollars

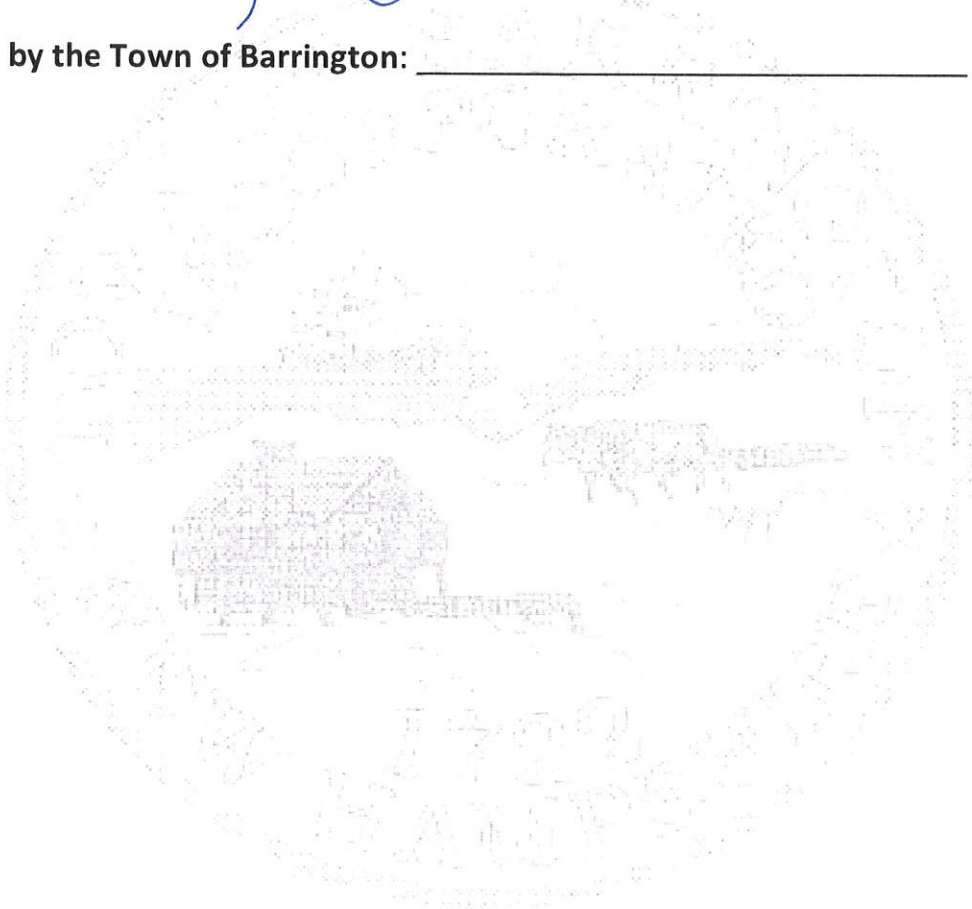
Company Name: Hi Way Safety Systems, Inc

Address: 9 Rockview Way
Rockland MA 02370

Contact information: Phone 781-982-9229 E-mail bids@hiwayss.com

Signature of Principal: [Signature]

Acceptance by the Town of Barrington: _____



9 ROCKVIEW WAY

ROCKLAND, MA 02370

TEL. #: 781-982-9229 FAX: 781-982-9226

[illegible]



HI-WSAF-01

SWRIGHTINGTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WM. F. Borhek Insurance Agency 311 Plymouth St Halifax, MA 02338	CONTACT NAME: PHONE (A/C, No, Ext): (781) 293-6331 FAX (A/C, No): (781) 293-2171 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Charter Oak Fire Ins.Co.</td> <td>25615</td> </tr> <tr> <td>INSURER B : Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER C : Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER D : LM Insurance Corporation</td> <td>33600</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Charter Oak Fire Ins.Co.	25615	INSURER B : Travelers Indemnity Company	25658	INSURER C : Travelers Property Casualty Company of America	25674	INSURER D : LM Insurance Corporation	33600	INSURER E :		INSURER F :	
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INSURED Hi-Way Safety Systems, Inc. Highway Safety Solutions Inc. Attn: Kathy DeLong 9 Rockview Way Rockland, MA 02370															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table border="0" style="width: 100%;"> <tr> <td style="width: 150px;"><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X		CO-5G489458	12/31/2019	12/31/2020	<table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC5-31S-623737-019	12/31/2019	12/31/2020	<table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bid: Barrington NH 2020 Pavement Markings

The Town of Barrington is Additional Insured as respects General Liability coverage if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Town of Barrington
 Barrington NH Municipal Offices
 333 Calef Highway
 Barrington, NH 03825

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE